

EXHIBIT D

United States Bankruptcy Court, District of Delaware

Fill in this information to identify the case (Select only one Debtor per claim form):

<input checked="" type="checkbox"/> Big Lots, Inc. (Case No. 24-11967)	<input type="checkbox"/> Big Lots Stores, LLC (Case No. 24-11973)	<input type="checkbox"/> GAFDC LLC (Case No. 24-11977)
<input type="checkbox"/> AVDC, LLC (Case No. 24-11981)	<input type="checkbox"/> BLBO Tenant, LLC (Case No. 24-11972)	<input type="checkbox"/> Great Basin, LLC (Case No. 24-11966)
<input type="checkbox"/> Big Lots eCommerce LLC (Case No. 24-11980)	<input type="checkbox"/> Broyhill LLC (Case No. 24-11971)	<input type="checkbox"/> INFDC, LLC (Case No. 24-11983)
<input type="checkbox"/> Big Lots F&S, LLC (Case No. 24-11984)	<input type="checkbox"/> Closeout Distribution, LLC (Case No. 24-11978)	<input type="checkbox"/> PAFDC LLC (Case No. 24-11982)
<input type="checkbox"/> Big Lots Management, LLC (Case No. 24-11969)	<input type="checkbox"/> Consolidated Property Holdings, LLC (Case No. 24-11968)	<input type="checkbox"/> WAFDC, LLC (Case No. 24-11979)
<input type="checkbox"/> Big Lots Stores - CSR, LLC (Case No. 24-11976)	<input type="checkbox"/> CSC Distribution LLC (Case No. 24-11974)	
<input type="checkbox"/> Big Lots Stores - PNS, LLC (Case No. 24-11970)	<input type="checkbox"/> Durant DC, LLC (Case No. 24-11975)	

Received

SEP 23 2024

Kroll Restructuring Administration



241196780000076

Modified Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense (other than a claim entitled to priority under 11 U.S.C. § 503(b)(9)). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	HomeView Design., Inc Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? HomeView Design., Inc Name 1775 Curtiss Ct Number Street La Verne CA 91750 City State ZIP Code Contact phone Edmund Contact email Esther	Where should payments to the creditor be sent? (if different) HomeView Design., inc Name Po Box 790 Number Street La Verne CA 91750 City State ZIP Code Contact phone 909-5932800 Contact email 909-593-2800
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?

☐ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim?

\$ 3778.00

Does this amount include interest or other charges?

☒ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or creditcard.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Good Cost on invoice

9. Is all or part of the claim secured?

☐ No

☒ Yes. The claim is secured by a lien on property.

Nature of property:

☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☒ Other. Describe:

Bankrupt Court Law 503B9

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property:

\$ _____

Amount of the claim that is secured:

\$ _____

Amount of the claim that is unsecured: \$ _____

(The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition:

\$ _____

Annual Interest Rate (when case was filed) 12.00%

☐ Fixed

☐ Variable

10. Is this claim based on a lease?

☒ No

☐ Yes. Amount necessary to cure any default as of the date of the petition.

\$ _____

11. Is this claim subject to a right of setoff?

☒ No

☐ Yes. Identify the property:

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.☐ I am the creditor's attorney or authorized agent.☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/16/2024 (mm/dd/yyyy)

Signature

Print the name of the person who is completing and signing this claim:

Name

Edmund Tong

First name

Middle name

Last name

Title

Manager

Company

HomeView Design., inc

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Po BOX 790

Number

Street

La Varne

City

CA

State

91750

ZIP Code

Contact phone

909-593-2800

Email

edmund@homeviewdesign.com

Instructions for Proof of Claim

United States Bankruptcy Court

12/15

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- Fill in all of the information about the claim as of the date the case was filed.
- Fill in the caption at the top of the form.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.
- A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.

- For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <https://cases.ra.kroll.com/BigLots>.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Claim Pursuant to 11 U.S.C. § 503(b)(9): A claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business. Attach documentation supporting such claim.

Invoice

HomeView Design, Inc.
 PO BOX 790 LA VERNE CA 91750
 1775 CURTISS COURT
 LA VERNE
 CA 91750
 (909) 593-2800

Invoice Number: 0048333-IN
 Invoice Date: 8/28/2024
 Order Number: 0020941
 Order Date: 7/30/2024
 Salesperson: HOU
 Customer Number: 10B6545

Sold To:
 CSC DISTRIBUTION, LLC
 4900 E. DUBLIN GRANVILLE RD,
 COLUMBUS, OH 43081-7651

Ship To:
 MONTGOMERY DC-#0870
 CSC DISTRIBUTION, LLC
 2855 SELMA HWY
 MONTGOMERY, AL 36108-5035

Confirm To: MERRIMAN, SAVANNAH


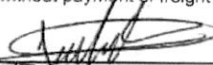

Customer P.O.	Ship VIA	F.O.B.	Terms
95540497	WILL CALL	LA VERNE CA	2% NET 30 DAYS

Item Code	Description	Unit	Ordered Qty	Shipped Qty	Back Ordered	Unit Price	USD\$ Total Amount	USD\$
22161	CONSOLE TABLE SET/2, WOODEN BO	SET	59	59	0	38.00	2,242.00	
22230	STAND TABLE SET/2, PATCH WOOD	SET	64	64	0	24.00	1,536.00	

TOTALLY 91 CASES ON 8 PALLETS/G.W. 2231 LBS/712 CUFT/123 UNITS
 SHIPMENT #828080
 LOAD #48688584

Shipped by: C H ROBINSON ON 08/29/24
 THANK YOU FOR YOUR ORDER
 FINANCE CHARGE IS 1.5 % PER MONTH AFTER DUE DATE

Net Invoice:	3,778.00
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
Invoice Total:	3,778.00

Date: <u>08/26/2024</u> <u>8/29/24 @ 9:00 AM</u>		BILL OF LADING		Page 1																																									
SHIP FROM			Bill of Lading Number: 828080 <u>LOAD # 486885841</u>																																										
Name: HomeView Design, Inc. Address: 1775 Curtiss Ct City/State/Zip: La Verne CA 91750 SID# 828080 FOB <input type="checkbox"/>																																													
SHIP TO																																													
Name: Big Lots Montgomery DC -Location #: #0870 Address: 2855 Selma Hwy City/State/Zip: Montgomery AL 36108 CID# 26896117 FOB <input type="checkbox"/>																																													
THIRD PARTY FREIGHT CHARGES BILL TO			CARRIER NAME: CH ROBINSON LTL Trailer number: Seal number(s): <u>074827</u>																																										
Name: CH LTL Address: 14800 Charlson Road, Suite 2100 City/State/Zip: Eden Prairie, MN 55347 SPECIAL INSTRUCTIONS:			SCAC: RBCL Pro number: 1651192893  (9012K)RBCL1651192893																																										
			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rdParty <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)																																										
			Customer Order Info																																										
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CUSTOMER ORDER NUMBER</th> <th>#PKGS</th> <th>WEIGHT</th> <th>PALLET/SLI</th> <th>ADDITIONAL SHIPPER INFO</th> </tr> </thead> <tbody> <tr> <td>0095540497</td> <td>8</td> <td>2,231</td> <td>N</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td>GRAND TOTAL</td> <td>8</td> <td>2231</td> <td></td> <td></td> </tr> </tbody> </table>			CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLI	ADDITIONAL SHIPPER INFO	0095540497	8	2,231	N																											GRAND TOTAL	8	2231		
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GRAND TOTAL	8	2231																																											
CARRIER INFORMATION																																													
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to</small>	LTL ONLY																																						
QTY	TYPE	QTY	TYPE				NMFC	CLASS																																					
8	Pps	8	Pps					85																																					
8		8		2231		GRAND TOTAL																																							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.						COD Amount: \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>																																							
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. ? 14706(c)(1)(A) and (B).																																													
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  Shipper Signature																																							
SHIPPER SIGNATURE / DATE				Trailer Loaded		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE																																					
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  8-29-24				<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.																																					

HomeView Design, Inc.
1775 Curtiss Ct, La Verne, CA 91750
Tel: 909-593-2800
email@homeviewdesign.com

9589 0710 5270 1445 4796



CERTIFIED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE



10163

RDC 99

LA VERNE CA 91750
SEP 17, 2024

\$5.58

S2324M503509-23

Big Lots, Inc. Claims processing Center,
% Kroll Restructuring Administration Cent.
Grand Central station
P.O. Box 4850
New York NY 10163-4850

RECEIVED

SEP 23 2024

KROLL RESTRUCTURING
ADMINISTRATION